

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to				ich en	dorsement(s).	require an endorsemen	ii. As	
PRODUCER					CONTACT NAME: Robert Ledesma					
Berkeley Insurance & Financial Services, Inc.						PHONE (A/C, No. Ext): (510)984-0161 FAX (A/C, No): (510)248-4150				
555 Pierce Street CML#2						E-MAIL ADDRESS: BIFS123@gmail.com				
						INSURER(S) AFFORDING COVERAGE				NAIC#
Alb	any			CA 94706	INSURER A: Philadelphia Indemnity Insurance Company				18058	
INS	JRED				INSURER B: Philadelphia Indemnity Insurance Company 180				18058	
	Ascend Rehab Services, Inc				INSURER C:					
	29516 Kohoutek Way				INSURER D:				_	
					INSURER E:					
	Union City			CA 94587	INSURER F:					
CC	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
								MED EXP (Any one person)	\$ 5,00	00
Α		Υ		PHPK2237024		03/04/2021	03/04/2022	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	00,000
	OTHER:							Sexual-Molestation	\$ Inclu	uded
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 100,	,0000
	ANY AUTO	Y		6				BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS			PHPK2237024	03/04/2021	03/04/2022	BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	7,0100 01121							,,	\$	
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s 1,00	0,000
В	EXCESS LIAB CLAIMS-MADE	Υ		PHUB756257		03/04/2021	03/04/2022	AGGREGATE	s 1,00	0,000
	DED RETENTION \$ 10,000								\$	
	WORKERS COMPENSATION							X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A	1					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
_	Drafaccional Liability									
Α	Professional Liability Sexual Molestation			PHPK2237024		03/04/2021	03/04/2022	Each Occurrence	\$1,0	00,000
	Conda melocidae							Aggregate	\$3,0	00,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL tificate holder is additional insured	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is require	ed)		
_										
CE	RTIFICATE HOLDER				CANC	ELLATION			_	
Mt. Diablo Unified School District 1936 Carlotta Drive					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
					Robert Ladon					
	Concord			CA 94519						
ax:	Email:					© 198	00-2015 ACC	ORD CORPORATION. A	an righ	is reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Mt Diablo Unified School District
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

	·						
	108252 Berkeley Insurance & Financial Servic						
Philadelphia Indemnity Insurance Company	555 Pierce St, # 2 Albany, CA 94706						
	(510) 004 0160						
	(510) 984-0160						
NAMED INSURED: Ascend Rehab Services, In	c.						
MAILING ADDRESS: 29516 Kohoutek Way Union City, CA 94587-1221							
POLICY PERIOD: FROM 03/04/2021 TO	03/04/2022 AT 12:01 A.M. STANDARD						
TIME AT YOUR MAILING ADDRESS SHOWN ABOVE							
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.							
POLICY, WE AGREE WITH YOU TO PROVIDE THE IN:	SURANCE AS STATED IN THIS POLICY.						
,	SURANCE AS STATED IN THIS POLICY. INSURANCE						
LIMITS OF EACH OCCURRENCE LIMIT	NSURANCE						
LIMITS OF							
LIMITS OF EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$	NSURANCE						
LIMITS OF EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$	1,000,000 1,000,000 Any one person or organization						
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$ PERSONAL & ADVERTISING INJURY LIMIT \$	1,000,000 1,000,000 Any one person or organization E LIMIT \$ 1,000,000						
LIMITS OF EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$ PERSONAL & ADVERTISING INJURY LIMIT \$ PRODUCTS COMPLETED OPERATIONS AGGREGATI GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE	1,000,000 1,000,000 Any one person or organization E LIMIT \$ 1,000,000						
LIMITS OF EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$ PERSONAL & ADVERTISING INJURY LIMIT \$ PRODUCTS COMPLETED OPERATIONS AGGREGATI GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE	1,000,000 1,000,000 Any one person or organization E LIMIT \$ 1,000,000						
LIMITS OF EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$ PERSONAL & ADVERTISING INJURY LIMIT \$ PRODUCTS COMPLETED OPERATIONS AGGREGATI GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE respect to Auto Liability and Products Completed Operat	1,000,000 1,000,000 Any one person or organization E LIMIT \$ 1,000,000						

PREMIUM	
PREMIUM SUBTOTAL	\$ 1,795.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 1,795.00
AUDIT PERIOD: NOT APPLICABLE ANNUALLY SEMI-ANNUALLY QUARTE	RLY MONTHLY
DESCRIPTION OF BUSINESS	
FORM OF BUSINESS: CORPORATION	
BUSINESS DESCRIPTION: For Profit SS Umbrella	
DOGINESS DESCRIPTION. FOR FIGURE SS CHESTELLS	
ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	
-	
-	

li .	SCHE	DULE OF U	NDE	RLYING INSURANCE				
Employers' Liability								
Company:			٠			_		
Policy Number:						_		
Policy Period:						_		
Minimum Applicable Lir	mits							
Bodily injury by acc	ident		\$		_Each Accident			
Bodily injury by dise	ease		\$		_Each Employee			
Bodily injury by dise	ease		\$		_Policy Limit			
Commercial General L	iability			☑ Occurrence	☐ Claims-Made			
Company: Pl	hiladelphia	Indemnity	Ins	urance Company				
Policy Number: PI	HPK2237024					_		
Policy Period: 0:	3/04/2021	03/04/2	022			_		
Retroactive Date: Not	Applicable					_		
Minimum Applicable Lin	nits:							
General Aggregate			\$_	3,000,000	_			
Products-Completed	Operations Ago	gregate	\$	3,000,000	_			
Personal And Adver	rtising Injury		\$_	1,000,000	_			
Each Occurrence			\$_	1,000,000	_			
Commercial Auto Liab	oility							
Company: Pl	hiladelphia	Indemnity	Inst	rance Company		_		
Policy Number: PF	HPK2237024					_		
Policy Period: 03	3/04/2021	03/04/2	022			_		
Minimum Applicable Lin	nits							
Garage Aggregate I	Limit For Other	Than Autos	•					
(if applicable)			\$ _	Not Applicable	_			
Each Accident			\$_	1,000,000	-			
Professional Liability		,	2	☑ Occurrence	☐ Claims-Made			
Company: Ph	niladelphia	Indemnity	Insu	rance Company				
Policy Number: PF	HPK2237024							
Policy Period: 03/04/2021 03/04/2022								
Retroactive Date: Not Applicable								
Minimum Applicable Limits								
Each Professi	ional Incide	nt	_\$	1,000,000				
Aggregate			_\$	3,000,000	-			

Employee Benefits Liability		☐ Occurrence	☐ Claims-Made	
Company:				
Policy Number:	-			_
Policy Period:				_
Retroactive Date:				
Minimum Applicable Limits				
	\$			
Abusive Conduct Liability		☐ Occurrence	☐ Claims-Made	
Company:				
Policy Number:		,		
Policy Period:				_
Retroactive Date:				
Minimum Applicable Limits				
	\$			
Directors & Officers Liability		☐ Occurrence	☐ Claims-Made	
Company:				_
Policy Number:				_
Policy Period:				_
Retroactive Date:				
Minimum Applicable Limits				
	\$.			
Liquor Liability		☐ Occurrence	☐ Claims-Made	
Company:				_
Policy Number:				_
Policy Period:				
Retroactive Date:				
Minimum Applicable Limits				
	\$.			
	\$.			

Watercraft Liability	Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	
	\$	
Other Coverages Not Included in Above	☐ Occurrence	☐ Claims-Made
Company:	 -	
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	_
	\$	_

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	Ву:		
(Date)	(Authorized Representative)		

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John W. Glomb, Jr.

President & Chief Underwriting Officer

Secretary

Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 E 1 of 5 INFORMATION PAGE

_	114001	VAIVOLTO				INFORMATION FAGE
	Ncci	Code: 390	71			
1.	Insu				Policy Number: T	WC3991773
	Othe	29516 Ko Union Ci er workplac	Rehab Services, Inc. bhoutek Way ty, CA 94587 es not shown above:		Individual X Corporation or	Partnership
	n 1		nsion of Information Page		Federal Tax ID: 20	0927823
	Prod	c/o ADP 1 ADP B	North America, Inc. Insurance Services (NJ) Ivd., M/S 625 , NJ 07068		Risk Id: Renewal of: No	ew
2.	The	policy perio	od is from 6/1/2021 to 6/1/2022	2 12:01 a.m. at the insured's ma	ailing address.	
3.	A. B.	the states Employer The limits State Other Sta	Compensation Insurance: Part listed here: California rs Liability Insurance: Part Two s of our liability under Part Two Bodily Injury by Accident \$1,000,000 each accident tes Insurance: Part Three of the except ND, OH, WA, WY and	o of the policy applies to work to are: Bodily Injury by Disease \$1,000,000 policy limit e policy applies to the states, if	in each state listed in it Bodily Injury by \$1,000,000 each e any, listed here:	eem 3.A. Disease
	D.		cy includes these endorsements			
4.	The p Plans	S. All inform See Exten TOTAL I STATE A TOTAL I Minimum	or this policy will be determined mation required below is subject asion of Information Page ESTIMATED ANNUAL PRINCESTIMATED COST Premium 2: 5/28/2021	ct to verification and change by	/ audit.	39,328 1,557 40,885 500